

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/038939

FILING DATE

09/19/07

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	30					
TOTAL CLAIMS	34					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.	4					
TOTAL DEP.	71					
TOTAL CLAIMS	75					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS